

Appendix A Templates (Draft)

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ECS TEMPLATE A-1

____ EMS Doc Control System	Document Name:	_____
	Document Number:	_____
	Date of Original Document:	_____
	Date of this Revision:	_____
	Responsible Party:	_____

Environmental Commitment Statement

_____ (enter park name and location)



Signed

(Superintendent Name)
(Park Name)

Date

FACILITY INTERACTION TEMPLATE B-1

____ EMS Doc Control System	Document Name:	_____
	Document Number:	_____
	Date of Original Document:	_____
	Date of this Revision:	_____
	Responsible Party:	_____

Facility Interaction Assessment

Facility Activity	Interaction	Impact

FACILITY INTERACTION TEMPLATE B-2

____ EMS Doc Control System	Document Name:	_____
	Document Number:	_____
	Date of Original Document:	_____
	Date of this Revision:	_____
	Responsible Party:	_____

Impact Assessment and Scoring

Facility Activity	Severity	Frequency	Financial	Stakeholder	Total

OBJECTIVES AND TARGETS TEMPLATE C-1

____ EMS Doc Control System	Document Name:	_____
	Document Number:	_____
	Date of Original Document:	_____
	Date of this Revision:	_____
	Responsible Party:	_____

Goals, Objectives, and Targets

#	Goals	Objectives	Targets	Implementation Activity
1				
2				
3				

EMP TEMPLATE C-2

____ EMS Doc Control System	Document Name:	_____
	Document Number:	_____
	Date of Original Document:	_____
	Date of this Revision:	_____
	Responsible Party:	_____

Summary Environmental Management Plan

Policy, Objective or Target #	Responsible Party	Existing or New Program Area	Budget	Estimated Level of Effort (per week)	Completion Date and Report Due
1					
2					
3					

EMT DETAILS TEMPLATE D-1

____ EMS Doc Control System	Document Name:	_____
	Document Number:	_____
	Date of Original Document:	_____
	Date of this Revision:	_____
	Responsible Party:	_____

Environmental Management Team

Position	Name	Contact Information
Park Superintendent		
Park EMT Leader		
EMS Management Representative		
EMS Record Keeper		
EMS Communication Specialist		
EMT Team Member		
EMT Team Member		
EMT Team Member		

ROLES AND RESPONSIBILITIES TEMPLATE D-2

____ EMS Doc Control System	Document Name:	_____
	Document Number:	_____
	Date of Original Document:	_____
	Date of this Revision:	_____
	Responsible Party:	_____

EMS Roles and Responsibilities

Position	Responsibility
Superintendent	
Deputy Superintendent	
Environmental Coordinator _____ (Insert name)	
Safety Officer _____ (Insert name)	
Administrative Officer _____ (Insert name)	
Facility Maintenance _____ (Insert name)	
Maintenance Supervisor _____ (Insert name)	
Law Enforcement	
All Employees	

DOCUMENT AND RECORD CONTROL TEMPLATE E-1

____ EMS Doc Control System	Document Name:	_____
	Document Number:	_____
	Date of Original Document:	_____
	Date of this Revision:	_____
	Responsible Party:	_____

EMS Documentation

Document	Location	Document Number	Party Responsible for Update
EMT information			
Planning activities, implementation and operation procedures			
Budgetary decisions			
Roles and responsibilities			
Internal audits			
Management reviews			

DOCUMENT AND RECORD CONTROL TEMPLATE E-2

____ EMS Doc Control System	Document Name:	_____
	Document Number:	_____
	Date of Original Document:	_____
	Date of this Revision:	_____
	Responsible Party:	_____

Environmental Records

Document Title	Location	Version	Submitted to:

COMMUNICATION STRATEGY MATRIX TEMPLATE F-1

____ EMS Doc Control System	Document Name:	_____
	Document Number:	_____
	Date of Original Document:	_____
	Date of this Revision:	_____
	Responsible Party:	_____

Communication Strategy

Audience	Communication Type / Mechanism	Content	Responsibility
Park Personnel			
Partners/ General Public			
Regulatory Agencies			
Others			

TRAINING TEMPLATE G-1

____ EMS Doc Control System	Document Name:	_____
	Document Number:	_____
	Date of Original Document:	_____
	Date of this Revision:	_____
	Responsible Party:	_____

Environmental Training Matrix

Training	Type	Trainer	Trainees	Frequency

TRAINING TEMPLATE G-2

____ EMS Doc Control System	Document Name:	_____
	Document Number:	_____
	Date of Original Document:	_____
	Date of this Revision:	_____
	Responsible Party:	_____

Environmental Training Record

Name:			
Training Type	Trainer	Date	Date Next Training Required
Green Procurement			
Hazardous Material and Waste SOP			
Solid Waste Management SOP			
Energy and Water Conservation SOP			
Fuel Storage and Delivery Systems SOP			
Emergency Response SOP			
Pollution Prevention and Waste Reduction SOP			
Emissions SOP			
Protection of Water Quality SOP			
Integrated Pest Management SOP			
HAZWOPER			
SPCC			
Others (list):			

CORRECTIVE ACTION TEMPLATE H-1

____ EMS Doc Control System	Document Name:	_____
	Document Number:	_____
	Date of Original Document:	_____
	Date of this Revision:	_____
	Responsible Party:	_____

CA Requested by:
Date Requested:
Location or Area of Deficiency/Non-conformance:
Source of Finding (compliance audit, inspection, etc.):
Statement of the Issue:
Issue Analysis including Root Cause:
Corrective Action Initiated:
Review of CA Effectiveness:
Changes as a Result of CA: Date:

Signed: _____

Title: _____

Date: _____